



**STATE OF LOUISIANA
YOUTH SERVICES**

**RECEIPT OF:
YS Policy No. A.2.37
"Separation for Unscheduled Absences"**

This is to acknowledge that I, _____
have received a copy of the Youth Services Policy A.2.37 "Separation for Unscheduled Absences", which outlines the expectations of all employees in securing leave in advance and the consequences in not doing so.

I understand that I am responsible for familiarizing myself with its contents; and that I abide by the procedures contained in YS Policy A.2.37.

I further acknowledge that if I have any questions or need assistance I will seek guidance from my supervisor.

Employee Signature

Date

Employee's Name (printed and legible)

Date

Cc: Employee
Central Office Human Resources

July, 2011